·	PATE	T APPLIÇA Efi	TION FE	E-DETERM Lenjer 8. 20	IINATION REG	CORD				-Docket (
	··	CLAIMS		D - PART (lumn 1)	(Calumn 2)		MALL YPE	ENTITY			IER THAN
•	FÓTAL: CLAI	MS		-		n F	RATE	FE		BAT	
f	OR		NUM	BER FILED	NUMBER EXTRA	7		EE 395,			704
TOTAL CHARGEABLE CLAIMS			5	minus 20=	• .	7 F		· —		Va 6	$\overline{}$
NDEPENDENT CLAIMS			¬j —	minus 3 =	,	7 F	xs 23		_ 0	\ <u> </u>	
v	ULTIPLE DEF	PENDENT CLAIM	PRESENT				×· loc	1	_ 0	x 201	79
						J [+.180		OF	+360	4
1	i tue ameren	ice in column 1		•		T	FOTAL		OF	TOTAL	
		CLAIMS AS			·						RTHAN
_	1310	(Column 1)		(Column HIGHES	51 .	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	MALL	ENTITY ADDI-	_	SMALL	L ENTITY
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	Independent		Minus	<u> </u>		1 7	(100-		OR	XI200	=
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		1
		•					1800 TOTAL		OR	+ 360	
	•	(Column 1)		(Calumn	2) (Column 3)		IT. FEE		JOH	TOTAL ADDIT, FEE	L
1		CLAIMS REMAINING		HIGHES] [. 1	ADDI-	1		ADDI-
I	Δ	AFTER AMENDMENT		PREVIOUS PAID FOR	LY EXTRA	ı A	ATE	TIONAL FEE		RATE	TIONAL
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			•				ØF TOTAL		OR	+ 360≥	1 000
	;			• •			r. FEE		OR ,	DOTAL DOTT. FEE	NOU
	 	(Column 1)	· ·	(Column 2	(Column 3)		·				
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR	Y EXTRA	RA		ADDI- TONAL FEE	I	RATE	ADDI- TIONAL FEE
-	otal	•	Minus	•	a .	XS	35		OR	xs 507	
	ndependent	•	Minus	***	e '	7	100%		-	x 20)	
r	inst prese	NTATION OF MU	LTIPLE DE	PENDENT CLA	MM				OR		
		nn 1 is less than the	, a entry in cólu	rnn 2, write "0" in	column 3.	+ 15			OR L	+ 3607	
đ	no entry in colum				than 20, enter *20.*	10	STAL		OR	TOTAL	